## **FEC** FORM 1

1503 121 0766

## HAND DELIVERED STATEMENT OF **ORGANIZATION**

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. •		5077	Office Use Only
NAME OF     COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
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ADDRESS (number and street)	[20, F, SITIRE	EET NW	
(Check if address is changed)	[S,U,1,T,E, 15,0,0, 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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COMMITTEE'S E-MAIL ADDRESS			
(Check if address is changed)	Optional Second E-Mail Ad	•	<u>w 40 m</u>
COMMITTEE'S WEB PAGE ADDRESS (URL)  (Check if address is changed)  WWIWI.S.HILPIUILLDERSDRG			
2. DATE 01 02 1015			
3. FEC IDENTIFICATION NUMBER ▶ CO.0.3.7.4.3.5.5			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.			
Type or Print Name of Treasurer MATTHEW O. PAXTON			
Signature of Treasurer Date Date Date Date			
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.			
Office Use Only		For further information oc Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEL. FLIBIN I